

Bureau of Oral and Health Delivery Systems lowa Department of Public Health

Who is OHDS?

On January 11, 2011, the Bureau of Oral and Health Delivery Systems (OHDS) was formed within the Iowa Department of Public Health (IDPH). The bureau conjoined the former Oral Health and Health Care Access bureaus and is located within the Division of Health Promotion and Chronic Disease Prevention. This merger strengthened the abilities of all involved and highlighted the shared goals of open access to health care and ensuringoptimaloverall health.

The Bureau of Oral and Health Delivery Systems provides support to the Center for Rural Health and Primary Care Advisory Committee.

What does OHDS do?

OHDS is divided into two centers of focus and has the following programs:

Center for Rural Health and Primary Care

Primary Care Office (PCO) - The PCO coordinates Health Professional Shortage Area (HPSA) designations, Governor's shortage designation, and the expansion of health care resources for vulnerable populations. This includes the J1- Visa waiver program, National Health Service Corps, and state primary care initiatives.

PRIMECARRE Loan Repayment Program - The PRIMECARRE program supports the recruitment and retention of primary care providers and manages the state student loan repayment program.

State Office of Rural Health (SORH) - The SORH coordinates advocacy efforts, outreach services, and community health resources that target rural populations.

Iowa Medicare Rural Hospital Flexibility Program (FLEX) - The FLEX program fosters the growth and sustainment of Iowa's rural healthcare system by supporting Critical Access Hospitals and the communities they serve to: improve the quality of healthcare, improve financial and operational performance, and develop collaborative regional and local delivery systems.

Small Rural Hospital Improvement Grant Program (SHIP) – The SHIP program assists small hospitals with procurement costs related to the implementation of prospective payment systems, value-based purchasing programs, accountable care organizations, and the national pilot program on payment bundling.

Volunteer Health Care Provider Program (VHCPP) - The VHCPP provides legal defense and indemnification to eligible individual health care providers who provide free health care services through qualified sites.

Board Certified Behavior Analyst/Assistant Behavior Analyst Grants Program (BCBA/BCaBA) – The BCBA/BCaBA program provides tuition assistance grants for eligible applicants. The goal of this program is to expand the number of board certified behavior analysts and board certified assistant behavior analysts to provide applied behavior analysis and treatment to lowans.

Center for Rural Health and Primary Care Advisory Committee – The Center for Rural Health and Primary Care

Advisory Committee is a Governor-appointed committee responsible to provide feedback to IDPH on rural health related issues. The RHPC Advisory Committee is staffed by the IDPH Center for Rural Health and Primary Care.

Iowa Association of Rural Health Clinics - infrastructure and service delivery transformation.

Iowa prescription drug corporation/SafeNetRX - pharmaceutical infrastructure for safety net providers and for the prescription drug donation repository program.

Des Moines University - Establish a provider education project for primary care physicians providing training and skills necessary to recognize signs of mental illness in patients.

Medical Residency – establish, expand or support medical residency training programs in the state of lowa.

Free Clinics of Iowa - administer statewide coordination, provider recruitment, service delivery, and provision of assistance to patients in securing a medical home inclusive of oral health care.

Iowa Psychological Association - A program to rotate intern psychologists in placements in urban and rural mental health professional shortage areas.

Polk County Medical Society - Safety net provider patient access to a specialty health care initiative.

University of Iowa - Develop, promote, and make available on a statewide basis the prepare-to-care core curriculum and its associated modules and specialties through various formats including online access, community colleges, and other venues; exploring new and maintaining existing specialties including but not limited to oral health and dementia care; supporting instructor training; and assessing and making recommendations concerning the Iowa care book and information technology systems and infrastructure uses and needs.

University of Iowa - provision of primary dental services to children to provide dental care to underserved populations throughout the state.

Direct Care Givers - statewide direct care worker organization to recruit and retain direct care workers.

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Oral Health Center

I-Smile™ Dental Home Initiative - I-Smile™ helps Medicaid-enrolled and other at-risk children access dental care, meeting a legislative mandate passed in 2005. Twenty-three I-Smile™ coordinators work within the state's Title V child health network to promote the importance of oral health for lowa families.

The coordinators develop relationships with dental offices to accept referrals; help families schedule dental appointments and identify ways to pay for dental care; build awareness about the importance of oral health through partnerships with organizations and businesses in the community; promote oral health at community events; and assure that gap-filling fluoride and sealant applications are available in schools and in public health sites like WIC clinics. The coordinators also provide trainings for health care providers about children's oral health

and preventive care for very young children. In 2017, coordinators helped launch Cavity Free Iowa, a pilot project in central Iowa training staff in pediatric and family practice medical clinics to provide oral screenings, apply fluoride varnish, and make dental referrals for children birth to 3 years old.

The Oral Health Center (OHC) manages I-Smile™. Staff provide technical assistance, offer regular trainings, and assure quality of services. In 2017, 16 percent more Medicaid-enrolled children saw a dentist than in 2005, before I-Smile™ began, and more than 4 times as many children received preventive care (e.g. fluoride application) in public health settings.

I-Smile™@School (School-based Dental Sealant Program)

A dental sealant is a tooth-colored material applied to chewing surfaces of back teeth, providing a physical barrier to prevent food and bacteria from collecting and causing tooth decay. OHC manages 20 school-based dental sealant programs through local Title V child health contractors (I-Smile $^{\text{IM}}$). By providing sealant applications in schools, children benefit from cavity prevention once permanent back teether upt. I-Smile $^{\text{IM}}$ @ School focuses on high-risk schools (with \geq 40 percent free/reduced lunch rates) and include children in first through eighthgrades.

In 2016-2017, nearly 4 times as many children participated in the OHC school-based sealant program than in 2005 and more than 2% times as many sealants were applied (52,741 sealants were placed during 2016-2017 school year).

School Dental Screening Requirement

lowa children newly enrolling in kindergarten and ninth grade must provide proof of a dental screening to their schools. I-Smile™ coordinators work with families, schools, health care providers, and local boards of health to implement the requirement and assist with the yearly audit. OHC staff provides technical assistance as well as data analysis and distribution. For school year 2016-2017, 84 percent of children had no obvious dental problems and just 14 percent needed dental care (2 percent needed urgent care).

I-Smile™SilverPilotProject

I-Smile™ Silver is a pilot project in 10 counties, designed to create local systems to help older Iowans prevent dental disease, access oral health care, and maintain overall health. IDPH administers the project through contracts with Lee, Scott, and Webster County Health Departments. The target population includes Iowans age 60 and older, residents of nursing facilities, Medicaid elderly waiver recipients, and seniors receiving home and community based services.

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I-Smile™ Silver Coordinators develop and maintain relationships with the Area Agencies on Aging, community organizations, nursing facilities, businesses, and dentists; develop referral systems with dentists; link dental professionals with training opportunities; train nursing facility staff and direct care workers about oral health; promote oral health through articles, displays, and outreach materials; provide care coordination to help older lowans access dental care; and assure provision of preventive services for residents in participating nursing facilities. OHC staff provide technical assistance, trainings, and program and policy development for I-Smile™ Silver.

In November, I-Smile™ Silver is expanding to include at-risk adults (age 21 and older).

Community Water Fluoridation

Community water fluoridation is the adjustment of fluoride in drinking water to the national recommended level for the prevention of tooth decay (0.7 mg/L). It has been named as one of the 10 great public health achievements of the 20th century, preventing tooth decay by 25 percent in children and adults. OHC staff tracks the fluoridation status of lowa communities and maintains state water fluoridation data and records. Additionally, the OHC serves as a resource for water operators, health care providers, the general public, and other public health organizations for issues related to water fluoridation. In 2017, 65 percent of lowans had access to tap water that was fluoridated at an optimal level to prevent tooth decay. To find the fluoride level in your community visit the CDC website "My Water's Fluoride" (nccd.cdc.gov/DOH_MWF/default/default.aspx).

Oral Health Surveillance System

OHC uses several data sets for program planning, including TAVConnect (Title V maternal and child health/I-Smile™ data); Pregnancy Risk Assessment Monitoring System; Medicaid paid claims; Behavioral Risk Factor Surveillance System (BRFSS); and I-Smile™ Silver reports. OHC staff also coordinates open mouth surveys to gather data on the prevalence of dental sealants, tooth decay, demineralization, and restored (filled) teeth in addition to access to regular dental care. Survey populations include third graders, children in Head Start, children at WIC clinics, and older Iowans. In 2016, staff also compiled burden of oral disease and state oral health plan documents to assist in evaluation and program and policy planning.

Oral Health Promotion

IDPH uses several mechanisms to promote the importance of oral health. Media campaigns have used television, radio, and print to educate the public about oral health. Other educational materials created include posters, first birthday dental visit reminder cards, informational handouts, and displays. A website devoted to the I-Smile™, I-Smile™@School, and I-Smile™ Silver programs has also been established (ismile.idph.iowa.gov), in addition to an I-Smile™ Facebook page for moms.

Questions?

OHDS welcomes your inquires about our bureau programs. For more information, please contact OHDS at 1-866-528-4020 or visit https://www.idph.iowa.gov/ohds.







